

Scholarship Application Form

Name _____

Institution _____

Address _____

City/State/Zip _____

Phone _____ Email _____

____ I am an individual member of IAM ____ I work for an IAM member institution

I wish to attend the following professional development program:

Title _____

Sponsoring Institution _____

Location _____

Dates _____

I would like to be reimbursed for the following costs:

Registration fees \$ _____

Housing \$ _____

Travel \$ _____

Other (explain) \$ _____

Total \$ _____

Please attach the following information to this application:

1. A narrative describing how:
 - this event will benefit you
 - this event will benefit your institution
2. A letter of recommendation from your immediate superior
3. A copy of your resume or *vita*
4. A copy of your institutional budget or other financial document showing need

No application will be considered without these attachments. Please send all documents and forms to:

**Executive Director
Illinois Association of Museums
1 Old State Capitol Plaza
Springfield, IL 62701**